

California Department of Corrections and Rehabilitation Exemption Request Form



Use this form to request an exemption from CALPIA for all products and/or services provided by CALPIA. This approved form or a formal exemption letter, constitutes CALPIA's written approval and must be maintained with the requesting department's purchasing documentation file as proof of exemption approval.



All highlighted information must be provided to complete your request.

Requesting Department Information Agency: California Department of Corrections and Rehabilitation Approval required by either a Procurement and Contraction Officer (PCO) or Designee: Institution/Department Contact Information Procurement Officer: Signature: Telephone: FAX: E-mail: Purchase Order Total: Attach Copy of Purchase Order and include Number here: (or attach quote sheet) Very enames or de required Contract Information Requested Delivery Date: Number here: (or attach quote sheet) Justification for Exemption Request: (To expedite your request, please provide an explanation as to why CALPIA cannot provide the goods and/or services needed) Attach additional information if necessary (i.e., catalog photocopy) Required Approvals Procurement and Contracting Officer (PCO) or designee: Approval Denied Date Date Date						
Caltornia Department of Corrections and Rehabilitation Approval required by either a Procurement and Contracting Officer (PCO) or Designee: Institution/Department Contact Information Procurement Officer: Signature: Telephone: FAX: Parall: Contractor Name: Contractor Address: Purchase Order Total: Attach Copy of Purchase Order and include Number here: (or eitaech quote sheet) Provide a brief description of the items requested in this Exemption Request Including all goods and/or services the contractor will provide: (Attach additional information if necessary). Justification for Exemption Request. (To expedite your request, please provide an explanation as to why CALPIA cannot provide the goods and/or services needed) Attach additional information if necessary (i.e., catalog photocopy) Required Approvals Procurement and Contracting Officer (PCO) or designee: Approvale California Prison Industry Authority Sales Manager or designee: Approved Denied	Requesting Department Information					
Institution/Department Contact Information	California Department of Corrections and		Institution/Departn	nent (if applicable):		
Signature: Mailing Address: FAX: FAX: FAX: Email: Mailing Address: FAX: FAX			(Type names. Do not sign. Must be the same signature below)			
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Approved Denied	Required Approvals					
Signature Date Signature Date	Procurement and Cor	tracting Officer (PCO)	or designee:			
	Signature		Date	Signature Date		

Submit completed form to:

CDCR

Department, Procurement & Contracting Officer By Fax (916) 255-6187